ALPAIS THICS AND

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fay: 515-281-4073

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2009 OCT 29 AM 9: 2

## FOR INSTRUCTIONS, SEE BACK OF FORM

Fax: 515-281-4073	DISCLOSURE	SUMMARY PAGE			
COMMITTEE NAME (Must be	same as on Statement of Orga	anization)			
IMPORTANT: Indicate bull type (1) Statewide/Legislative/Judge \$ (4) County Central Committee (5)	ommittee of committee you are reporting for: itanding for Reterriton Candidate ( )County Candidate (6)City Candi y PAC (8)City PAC (10)School	2   State PAC (3 ) State Party idate (7 ) School Board or Other Political Subdivision P/	cal AC (	FORM DR-2 (Rev. 07/2007) For Office Use On	
CANDIDATE COMMITTEES Candidate Name  J. M. SK; p  Office Sought  Course		Political Party (if applicable)  District (if Senate or House)	_	.ogged in Scanned	
1 M Skip Consideration of Management of Mana	ING REPORT	Suant to lowa Code sections 688.3 515-238-7718 TELEPHONE	_	10-29- DATE SI	⊕ 9 GNED
I AM FILING A	729, 2009	REPORT FOR (1) ELECTIO	N /(2)NON-	ELECTION YEA	R.
(re)  CHECK IF AMENDMENT TO	oor date)	Indicate by	/ <b>*</b> [		
☐ Check if this is final (terminal (You must continue to	tion) report and attach Notice of file reports until a DR-3 is filed.	Dissolution Form DR-3.	County & I	ocal Committees,	109
STATEME	NT OF CASH ON HAND	•			
CASH ON HAND at the beginning committee. This amount of the last reporting pe	int MUST be the same as the c	al of all funds held by the ash on hand at the end at report filed.)	<b>s</b>		97.35
	TAKEN IN THIS PERIOD				
		le A) ("also see in-kind below)			300.00
Schedule F: Loans Re	ceived total (Attach Schedule F	)	*********		,000.00
Schedule H. 10tal Sal	es of Campaign Property (Attac applies to Candidates' Comm	h Schedule H)	************		
Toolieguic 1:	Philes W Calididates Collini	SUB-TOTAL		1	397.35
SUBTRACT TOTAL M	ONEY SPENT THIS PERIOD	00D-101AL	***********		7. 00
Schedule B: Expenditu	res total (Attach Schedule B) (*	"also see debts and loans below)		1	073.03
Schedule F: Loan Rep	ayments total (Attach Schedule	F)			
CASH ON HAND at the end of the	nis reporting period (if final repo	rt balance must be zero)	\$		324. 32
**UNPAID BILLS (From Schedu	e D - Attach Schedule D)				
*IN KIND CONTRIBUTIONS (Fro	om Schedule E - Attach Schedu	lle E)	<b>s</b>		
"OUTSTANDING LOANS (From	Schedule F - Attach Schedule	F)	\$		9.972.00
CONSULTANT BREAKDOWN (	•			YES X N	0
CANDIDATE COMMITTEES ON	·············				
VALUE OF CAMPAIGN PROPE			\$		
STATE COMMITTEES: Submit	a reconciled campaign account	bank statement in January of eac	h year.		

ONS MONEY TA	·· · · · · · · · · · · · · · · · · · ·	·	<b>A</b> (Rev. 07/0	MONETA 3) RECEI	1
10007 414				<del></del>	
IAME (Must be same	as on Statement of Organization)		_	HECK THIS B	
ing Comm					7.44
ES NOTE: IF A CONTRI	IDI ITIONI IS DECEMEN EDOMA STATE NAS ITION TO A CONTROL ASTRO	ON COMMITTEE), I	LIST THE PAC E IOWA ETHIC	DENTIFICATIONS AND CAMPA	ON JIGN
es and should imme on 68B.32A(6), prohibi	EDIATELY CONTACT THE BOARD.  its the use of information conied from records and etab.				
ose by any person orne	ar than statutory political committees.		_		•
(if applicable) AND PAC CHECK NUMBER		TO CAND (if applic	HDATE*	AMOUNT RECEIVED	FUND RAISEI
CK#	Danie Franzes Jamie Franzes 612-Abuentudas Da. Petrose, I	i i	\$	200 48	
CK# /025	Home Builders assec of Greater bes moines pac 6751-Comporate Dr. Jelusta	ste si	13/	10000	
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		e of this sche	dule) \$ .	43	
	TES NOTE: IF A CONTRIPAC CHECK NUMBER IN RD.  SON, OTHER THAN AN ES AND SHOULD IMME on 68B.32A(6), prohibitions by any person other applicable)  PAC ID NUMBER (If applicable)  AND PAC CHECK NUMBER  ID#  CK#  ID#  CK#	TOTAL (# last page)  TOTAL (# last page)  TOTAL (# last page)  TOTAL (# last page)  ES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTIPAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AW 80.  SON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 ES AND SHOULD IMMEDIATELY CONTACT THE BOARD.  On 68B.32A(6), prohibits the use of information copied from reports and statuses by any person other than statutory political committees.  PAC ID NUMBER (# applicable) AND PAC CHECK NUMBER (# applicable) AND PAC CHECK NUMBER  CK#	THE NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), I PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE RD.  SON, OTHER THAN AN INDIMIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAME SON AND SHOULD IMMEDIATELY CONTACT THE BOARD.  ON 688.32A(6), prohibits the use of information copied from reports and statements for solicities by any person other than statutory political committees.  PAC ID NUMBER  (if applicable) AND PAC CHECK NUMBER  CK#  CIGHT OF A DELAY FROM 222-1, Gary Jones, James From 222-1, Gary Jones, Jones From 222-1,	TOTAL (# last page of this schedule)  TOTAL (# last page of this schedule)  TOTAL (# last page of this schedule)	TESLATITE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC POLITICAL ACTION COMMITTEE). UST THE PAC IDENTIFICATION PAC CHECK NUMBER IN THE DEBIGNATED COLLAMN. A LIST OF 10 MUNISERS IS AVAILABLE FROM THE DOWN ETHICS AND CHAPARD.  SON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING SON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING SON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING SON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING SON, OTHER THAN AN INDIVIDUAL THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING SON, OTHER THAN AND HAVE FI

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## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY
	CK THIS BOX IF

(	31	O	MI	AITTEE	NAME	(Must be	e same	as on	Statement	of Org	anization)

CONKling Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-15-09	NUMBER ID# CK#	Altoone Living Mages 414-W#87 Des Moines, In 56312	nie Advertisnig	\$ 675 00
105.09	ID# CK#	E. Polk Printers 307-lat Aue S Actoone, Ic 50009	Flyers	267 23
0-22-09	ID# CK#	and Herala	Advertising	190 80
	ID# CK#			
	ID# CK#	-		
	ID# CK#		-	
	ID# CK#			
	ID#			

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TAI (if last name of this cohodula)		

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	l	of	1	

(for Schedule B)

R INSTRUCTIONS, SE	E BACK OF FORM	RESE		
MMITTEE NAME(Mus	t be same as on Statement of Organization)		F	LOANS
Conkline	Committee		(Rev. 02/08)	& REPAID
TE: This schedule rep	, orts money loaned to the committee which is deposited	<u> </u>	L CHECK T	
TAL UNPAID LOANS	FROM <u>LAST</u> REPORTING PERIOD \$	9725-		
RTI - MONETARY LO (Original source	DANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third part	r is involved. Include loans from	candidate's personal fo	ınds.)
DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP	TO AMOUNT O	FLOAN
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDIDATE (If App	licable*)	
9-15-09	.m skip conkling	Can O. Ota	1000	90
		TOTAL (PART I)	\$ 1,000	00
ART II - MONETARY I (Loans forgive	OAN REPAYMENTS MADE THIS REPORTING PER n must be reported on Schedule E In-kind Contribution	HOD ons.)		
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP CANDIDATE* (If App		EPAID
		STREET, IT APP	\$	
		ASH REPAYMENTS (PART II)	\$	0
	From Schedule E TOTAL OUTSTANDING LOAN	FOTAL LOANS FORGIVEN S END OF REPORT PERIOD	\$\$ \$\$ \$_19,9-	0 0 72 00
aking a contribution to : ensanguinity (blood rela	From Schedule E	S END OF REPORT PERIOD  ny relative d degree of	\$\$ \$\$ \$\$ of	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0